

**CEMETERY AND FUNERAL BUREAU**

1625 North Market Street, Suite S-208
 Sacramento, CA 95834
 (916) 574-7870 Fax (916) 574-8620



**Trustee Acknowledgment of Responsibilities
 Endowment Care and/or Special Care Trust Funds**

A separate acknowledgment is required for each cemetery for which you are trustee

I hereby acknowledge that I am a resident of the State of California, and I have accepted the appointment as a member of the board of trustees responsible for the oversight and management of the **endowment care trust fund** for the _____ Cemetery. This cemetery is licensed by the State of California with the license number COA _____. My appointment to the board of trustees was effective on _____ date of appointment

AND/OR

I hereby acknowledge that I am a resident of the State of California and I have accepted the appointment as a member of the board of trustees responsible for the oversight and management of the **special care trust fund** for the _____ Cemetery. This cemetery is licensed by the State of California with the license number COA _____. My appointment to the board of trustees was effective on _____ date of appointment

I have read the following laws that identify the responsibilities for the office of trustee and the laws that govern the administration and use of the endowment care and/or special care trust fund(s).

- Trustee duties, powers, and responsibilities – Division 9, Part 4 of the Probate Code (commencing with Section 16000)
- Reporting and regulatory requirements – Division 3, Chapter 19 of the Business and Professions Code (commencing with Section 9650)
- Provisions for care of active cemeteries – Division 8, Part 3, Chapter 5 of the Health and Safety Code (commencing with Section 8700)

I fully understand my responsibilities as a trustee and the legal requirements for managing and administering endowment care and/or special care trust fund(s). In addition, I fully understand that I may be held liable for any of my actions as a trustee that result in violations of the aforementioned laws.

Duly executed and signed this _____ day of _____, _____
 month year

 Trustee Signature

 Print Name

Note: A signed acknowledgment must be retained by the cemetery authority during the duration of the trustee's term of office (Health and Safety Code § 8731(c)(2)). Do not return this form to the Cemetery and Funeral Bureau.